

## ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

Ms.

Mr. Artist Robert B. Ford

(Last Name Last)

Permanent Address 105 American St. Chagrin Falls  
Street \_\_\_\_\_ City \_\_\_\_\_

Ohio 44122 Tel. (216) 247-6966

Zip

Area Code

Temporary Address N/A  
Street \_\_\_\_\_ City \_\_\_\_\_

Tel. ( )

Zip

Area Code

Permanent address is in what county? Cuyahoga

Born in Cuyahoga County  Yes  No

Collaborator None  
(If Any)

If entries are not accepted or not sold:

- Artist will pick up entries at Museum.  
 Museum should dispose of entries.  
 Museum should ship entries to artist C.O.D. at this address:

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

**THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.**

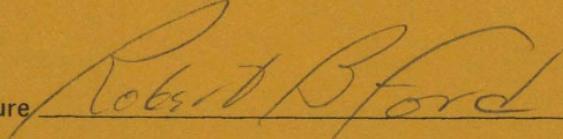
This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature



# ENTRY BLANKS

**1**

1. Paintings    2. Graphics    3. Photography  
 4. Sculpture    5. Electric    6. Crafts

Medium or Materials

Title

Faces

Price or NFS	Insurance Value If NFS Only	Size
\$100 8/08 framed		approx. 11"x14"

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price of Frame
2	6	\$8

DO NOT WRITE IN THIS SECTION

121 (3)

ACCEPTED

REJECTED

X

FEE PAID

BY

3/22/74

JL

**2**

1. Paintings    2. Graphics    3. Photography  
 4. Sculpture    5. Electric    6. Crafts

Medium or Materials

Title

Incubus

Price or NFS	Insurance Value If NFS Only	Size
\$50		8" x10"

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price of Frame
0	2	

DO NOT WRITE IN THIS SECTION

122 (3)

ACCEPTED

REJECTED

X

RECEIVED

BY

3/22/74

E.D.

DO NOT DETACH

1974 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106

*Please keep address within this box for window envelope.*

Name	Robert B. Ford
Address	105 American Street
City & State	Chagrin Falls, Ohio Zip 44122

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your  
notification of acceptance or rejection.

# ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

DO NOT DETACH 

Emily Ford 6-04-74 wa

**1**

1. Paintings  2. Graphics  3. Photography  
 4. Sculpture  5. Electric  6. Crafts

Medium or Materials

Photograph

Title

Faces

DO NOT WRITE IN THIS SECTION

121 (3)

ACCEPTED

X

REJECTED

DO NOT DETACH 

**RECEIVED**

Emily Ford 4/23/74

**2**

1. Paintings  2. Graphics  3. Photography  
 4. Sculpture  5. Electric  6. Crafts

Medium or Materials

Photograph

Title

Incubus

DO NOT WRITE IN THIS SECTION

122 (3)

ACCEPTED

REJECTED

166